

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101566369

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2						
3						
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9			/			
10			/			
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12			—			
13			—			
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17			—			
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21			—			
22			—			
23			—			
24			—			
25			—			
26			—			
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49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53					—	
54					—	
55					—	
56					—	
57					—	
58					—	
59					—	
60					—	
61					—	
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90					—	
91					—	
92					—	
93					—	
94					—	
95					—	
96					—	
97					—	
98					—	
99					—	
100					—	
TOTAL IND.			↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

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10/ 566369

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
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148						
149						
150						
TOTAL IND.			4			
TOTAL DEP.			32			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
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197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						